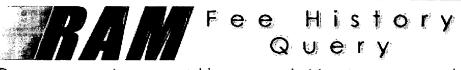
PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
-			(Columi	n 1)	(Column 2)	7 1			1 1	SWALLE	MILLY
		STAGE FEES						RATE	FEE		RATE	FEE
BASIC FEE								BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE]	EXAM. FEE			EXAM. FEE	200
SEARCH FEE								SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			min	ıs 100 =		/ 50 =] [X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			24 minus 20 = .		* 4.		╽┃	X \$ 25 =	,	OŔ	X \$ 50 =	200
INDEPENDENT CLAIMS			5 minus 3 = *		* 2]	X \$ 100 =		OR	X \$ 200 =	4.00
MUL	TIPLE DEPEN	DENT CLAIM PRI	EȘENT] [+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1500
		CI AIMS AS	AMENDED	. PART	- 11						OTUED	0 20
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1 [X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=] [X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	IULTIPLE DEPI	ENDENT C	LAIM		1 [+ \$ 180 =		OR	+ \$ 360 =	
						1		TOTAL ADDIT. FFF		OR	TOTAL ADDIT.	
		(Column 1)		(Colum	n 2)	(Column 3)					· ·	
IDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
PED ME	Total	*	Minus	**	·	=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=	1 [X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
			· · · · · · · · · · · · · · · · · · ·					TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	Ų.
											•	
	If the entry in coli	umn 1 is less than th	e entry in column	2. write "0" i-	a coliumn	13 4						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than '3', enter "3".												
	The "Highest Nu	mber Previously Paid	For" (Total or Ind	ependent) is	the higi	nest number found	d in the	e appropriate box	in column	Ι.		



Revenue Accounting and Management

Name/Number: 10597258

Total Records Found: 7

Start Date: Any Date

End Date: Any Date

Accounting Date	Sequence Num.	Fee Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
09/07/2006	00000150	<u>4</u>	<u>8021</u>	\$40.00	09/06/2006	DA 503281
09/06/2006	00000610	1	<u> 1617</u>	\$130.00	09/01/2006	CK
07/19/2006	00000001	<u>4</u>	<u>1631</u>	\$300.00	07/18/2006	CC
07/19/2006	00000002	<u>4</u>	<u>1642</u>	\$400.00	07/18/2006	CC
07/19/2006	00000003	<u>4</u>	<u>1633</u>	\$200.00	07/18/2006	CC
07/19/2006	00000004	<u>4</u>	<u>1615</u>	\$200.00	07/18/2006	CC
07/19/2006	00000005	<u>4</u>	<u>1614</u>	\$400.00	07/18/2006	CC